

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585627

FILED DATE *18 OCT 2007*

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>					
2		<i>1</i>				
3		<i>1</i>				
4		<i>1</i>				
5		<i>1</i>				
6		<i>1</i>				
7		<i>1</i>				
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15		<i>1</i>				
16		<i>1</i>				
17		<i>1</i>				
18		<i>1</i>				
19		<i>1</i>				
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23		<i>1</i>				
24		<i>1</i>				
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26		<i>1</i>				
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36		<i>1</i>				
37		<i>1</i>				
38		<i>1</i>				
39		<i>1</i>				
40		<i>1</i>				
41		<i>1</i>				
42		<i>1</i>				
43		<i>1</i>				
44		<i>1</i>				
45		<i>1</i>				
46		<i>1</i>				
47		<i>1</i>				
48		<i>1</i>				
49		<i>1</i>				
50		<i>1</i>				
TOTAL IND.	<i>1</i>	↓		↓		↓
TOTAL DEP.	<i>17</i>	←		←		←
TOTAL CLAIMS	<i>18</i>					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						